

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000039323

FILED  
Nov 01, 2006  
Secretary of State

Entity Name: PROFESSIONAL TEAM MORTGAGE, INC.

## Current Principal Place of Business:

4460-2 CAMINO REAL WAY  
FORT MYERS, FL 33912

## New Principal Place of Business:

4460-2 CAMINO REAL WAY  
FORT MYERS, FL 33966

## Current Mailing Address:

4460-2 CAMINO REAL WAY  
FORT MYERS, FL 33912

## New Mailing Address:

4460-2 CAMINO REAL WAY  
FORT MYERS, FL 33966

FEI Number: 45-0509917

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HALING, SHARI M  
10880 HIGHLAND AVE  
FORT MYERS, FL 33912 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HALING, SHARI M  
Address: 10880 HIGHLAND AVE  
City-St-Zip: FORT MYERS, FL 33912

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HALING, SHARI M  
Address: 10880 HIGHLAND AVE  
City-St-Zip: FORT MYERS, FL 33966

Title: P ( ) Change (X) Addition  
Name: HALING, SHARI M  
Address: 10880 HIGHLAND AVE  
City-St-Zip: FORT MYERS, FL 33966

Title: VP ( ) Change (X) Addition  
Name: HALING, DANTE H  
Address: 10880 HIGHLAND AVE  
City-St-Zip: FORT MYERS, FL 33966

Title: TRES ( ) Change (X) Addition  
Name: HALING, SHARI M  
Address: 10880 HIGHLAND AVE  
City-St-Zip: FORT MYERS, FL 33966

Title: SEC ( ) Change (X) Addition  
Name: HALING, SHARI M  
Address: 10880 HIGHLAND AVE  
City-St-Zip: FORT MYERS, FL 33966

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARI M HALING

D

11/01/2006

Electronic Signature of Signing Officer or Director

Date